

PART B - FEE(S) TRANSMITTAL

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466 2590 9206/2010

YOUNG & THOMPSON
209 Madison Street
Suite 500
Alexandria, VA 22314

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/561,509	6/18/2006	Jean-Luc Clement	0573-1024	6062

TITLE OF INVENTION: VERTEBRAL OSTEOSYNTHESIS EQUIPMENT

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES	\$4440	\$755	\$300	\$4415	6/20/2010

EXAMINER	ART UNIT	CLAS/SUBCLAS
WOODALL, NICHOLAS W	3775	606-061000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address for Change of Correspondence Address form PTO/SB/123 attached.
 "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev. 03-02, or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
2. For printing on the patent front page, list
 (1) _____
 2. Young & Thompson
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medicrea Technologies

La Rochelle, France

Please check the appropriate assignee category or categories (will not be printed on the patent): individual Corporation or other private group entity Government

- 4a. The following fact(s) are submitted:
 Issue Fee
 Publication Fee (No small entity discount permitted)
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 A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 251120 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)
 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

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Authorized Signature

Benoit Castel

Due April 27, 2010

Typed or printed name

Benoit Castel

Registration No. 35,041

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